

#7/B
NEPATENT
24729-7019673001
(268/214)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:)
Joseph V. Koblisch, et al.) Group Art Unit: 3739
Serial No.: 09/975,393) Examiner: R. Kearney
Filed: October 10, 2001)
For: DEVICES AND METHODS FOR)
CREATING LESIONS IN)
ENDOCARDIAL AND)
SURROUNDING TISSUE TO)
ISOLATE FOCAL ARRHYTHMIA)
SUBSTRATES)

RECEIVED

NOV 26 2003

AMENDMENT AND RESPONSE

TECHNOLOGY CENTER R3700

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 20231-1450

Dear Sir:

In response to the Office Action mailed August 13, 2003, please amend the application as follows:

11/20/2003 SSESHE1 00000066 502518 09975393
01 FC:1202 54.00 DA

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 20231-1450

n/12/03
Date of DepositJocelyn L. Lee
Jocelyn L. Lee



\$3739
PATENT
24729-7019673001
(268/214)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:)
Joseph V. Koblish, et al.) Group Art Unit: 3739
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SUBSTRATES)

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NOV 26 2003

TECHNOLOGY CENTER R3700

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment and Response (7 pages) to Office Action, mailed August 13, 2003, for the above-identified application.

The following fees are submitted:

| EXTRA CLAIMS FEE | | | | OTHER THAN SMALL ENTITY | SMALL ENTITY | |
|------------------------------|--|-----------------------------------|------------|-------------------------------|-----------------|-----------------|
| CLAIMS | CURRENT # | # OF CLAIMS PREVIOUSLY PAID | # EXTRA | RATE | RATE | |
| Total Claims | 47 - 20 | 24 | 3 | × \$18.00 | × \$9.00 | \$ 54.00 |
| Independent claims | 3 - 3 | 3 | 0 | × \$80.00 | × \$40.00 | \$ 0.00 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | \$270.00 | \$135.00 | \$ |
| TOTAL FEES = | | | | | | \$ 54.00 |

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11/12/03

Date of Deposit

Jocelyn L. Lee

Jocelyn L. Lee